

ECCY7007

Understanding Trauma and the Mental Health Needs of the Child

Parental Mental Health Issues

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Parental Mental Health



Implications for the...



Young child.



John Locke

TABULA RASA

/ˈtäbyʊolə ˈräsə,ˈräzə/

An absence of preconceived ideas or predetermined goals. A clean slate. The human mind, especially at birth, in its blank or empty state before exposure to outside impressions or social constructs.



(Omnipotense, 2019)



Bandura's research showed children imitating aggression they had seen.



Piaget's Stages of Cognitive Development



**Sensorimotor
Stage**

Birth to 2 yrs

**Preoperational
Stage**

2 to 7 yrs

**Concrete
Operational
Stage**

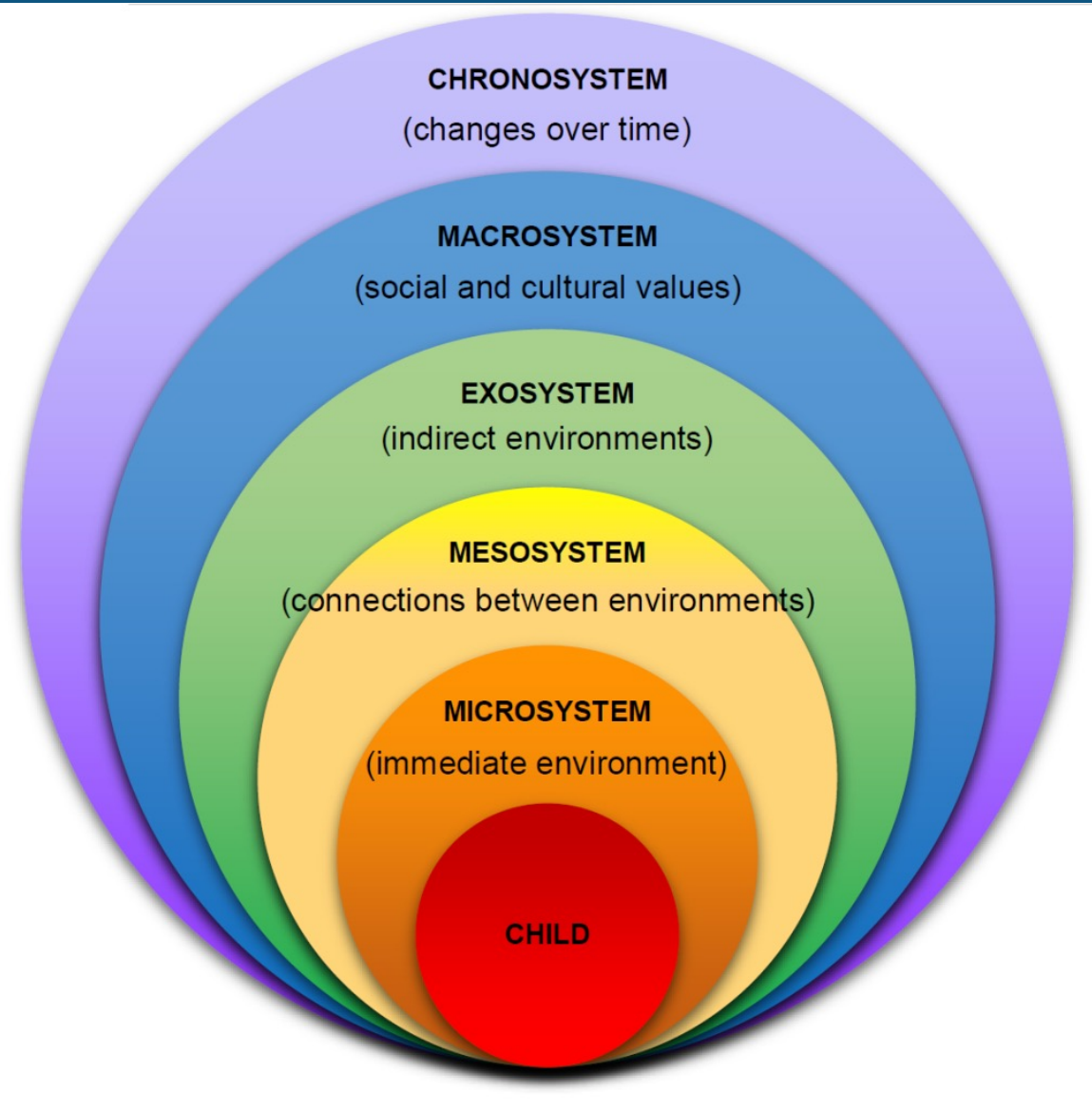
7 to 11 yrs

**Formal
Operational
Stage**

12 and up

verywell

Bronfenbrenner's Ecological systems Theory



(Budzyna and Buckley, 2023)



ATTACHMENT THEORY

British psychologist John Bowlby (1969) proposed the attachment theory, a theory that explains how and why a newborn becomes so emotionally connected with its mother.

BOWLBY QUOTE

"The instinctual responses mature at different times during the first year of life and develop at different rates; they serve the function of binding the child to mother and contribute to the reciprocal dynamic of binding mother to child" (Bowlby, 1958, p. 351).

STAGES

- 1 Pre-attachment (newborn to 6 weeks)
- 2 Attachment in Making (6 weeks to 6-8 months)
- 3 Clear-cut Attachment (6-8 months to 18-24 months)
- 4 Formation of Reciprocal Relationships (24 months +)

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(Cornell, 2024)





(Lobel, 2022)

Serious maternal
mental ill health...



Impacts a baby's
overall
development



(Le Fanu, 2021)

at a crucial
developmental
age



(Ottone, no date)



(AutismBC, 2023)

VS



(Twinkl, 2024)



Parentification



► (Ripke, 2011)

Finance

Washing

Appointments

Shopping

Counselling

Cooking

Cleaning

Personal care

Time management

Medication

Emotional support

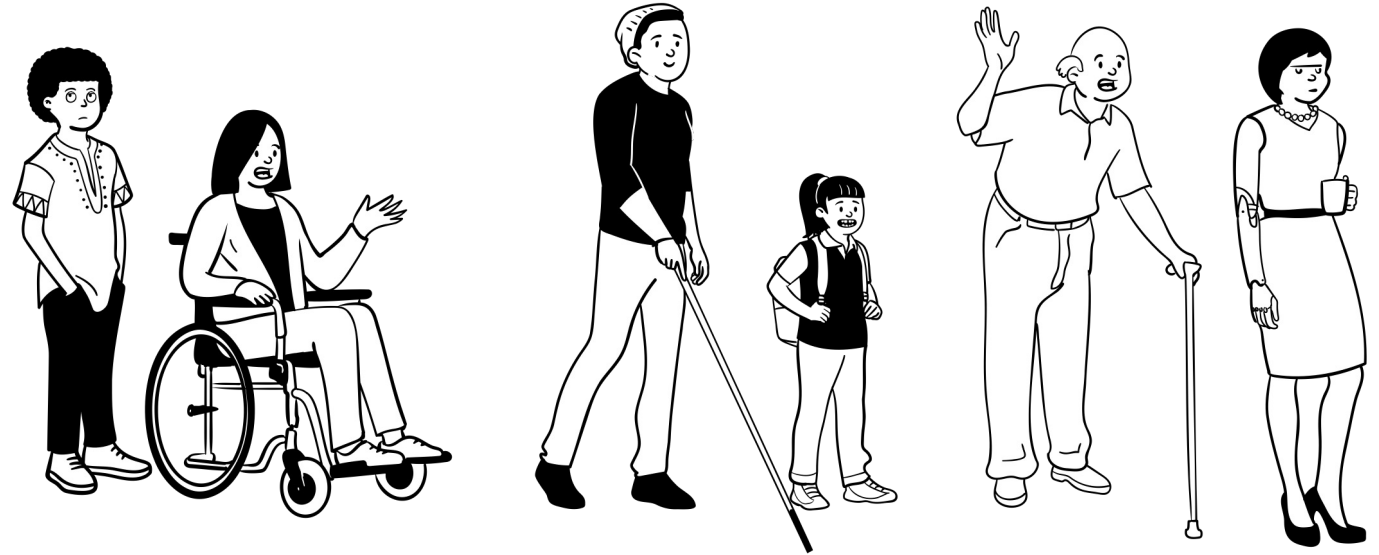
Feeding

Friends

Consoling



Social Services and Well-being (Wales) Act 2014.





(Ability Consultancy, no date)



(Harrow Safeguarding Children board, 2024)



(Barnardo's, 2024)



(Shutterstock, no date)



Believe in children Barnardo's



(Barnardo's, 2024)



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Safe and happy childhoods

(Action for Children, 2024)

1 DEFINITION OF A CHILD	2 NO DISCRIMINATION	3 BEST INTERESTS OF THE CHILD	4 MAKING RIGHTS REAL	5 FAMILY GUIDANCE AS CHILDREN DEVELOP	6 LIFE, SURVIVAL AND DEVELOPMENT	7 NAME AND NATIONALITY
8 IDENTITY	9 KEEPING FAMILIES TOGETHER	10 CONTACT WITH PARENTS ACROSS COUNTRIES	11 PROTECTION FROM KIDNAPPING	12 RESPECT FOR CHILDREN'S VIEWS	13 SHARING THOUGHTS FREELY	14 FREEDOM OF THOUGHT AND RELIGION
15 SETTING UP OR JOINING GROUPS	16 PROTECTION OF PRIVACY	17 ACCESS TO INFORMATION	18 RESPONSIBILITY OF PARENTS	19 PROTECTION FROM VIOLENCE	20 CHILDREN WITHOUT FAMILIES	21 CHILDREN WHO ARE ADOPTED
22 REFUGEE CHILDREN	23 CHILDREN WITH DISABILITIES	24 HEALTH, WATER, FOOD, ENVIRONMENT	25 REVIEW OF A CHILD'S PLACEMENT	26 SOCIAL AND ECONOMIC HELP	27 FOOD, CLOTHING, A SAFE HOME	28 ACCESS TO EDUCATION
29 AIMS OF EDUCATION	30 MINORITY CULTURE, LANGUAGE AND RELIGION	31 BEST PLAY, CULTURE, ARTS	32 PROTECTION FROM HARMFUL WORK	33 PROTECTION FROM HARMFUL DRUGS	34 PROTECTION FROM SEXUAL ABUSE	35 PREVENTION OF SALE AND TRAFFICKING
36 PROTECTION FROM EXPLOITATION	37 CHILDREN IN DETENTION	38 PROTECTION IN WAR	39 RECOVERY AND REINTEGRATION	40 CHILDREN WHO BREAK THE LAW	41 BEST LAW FOR CHILDREN APPLIES	42 EVERYONE MUST KNOW CHILDREN'S RIGHTS
43-54 HOW THE CONVENTION WORKS	CONVENTION ON THE RIGHTS OF THE CHILD					

(Unicef, 2019)



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Young carers are children and young people under 18 whose lives are affected in some way by caring for another person.

Young carers support (or help to support) someone who would not be able to stay at home without their help. This might be their mum or dad, their sister or brother, an auntie or uncle or even a grandparent.

Young carers aged between 16 and 25 are often called young adult carers. They may struggle to balance their caring role with education, employment and relationships.

The impact of caring

Helping to look after someone is a wonderful thing to do; however, it can have a big impact on the young person's own life.



More information

(Dewi Cymru, 2024)



Script for parental mental health

In this presentation I shall be discussing the issues surrounding parental mental health and the impact on a young child living in a household where one or two parents are affected by a mental health disorder. Additionally, how this affects many areas of their development from childhood through adolescents and into adulthood. I shall be specifically focussing on the impact a parental mental health disorder can have on the young child within the age range of 8 months to 2 years, a crucial time for early development and how this may affect their lives moving into adolescence.

Initially, I would like to clarify that not all parents with a mental health disorder struggle to support their children, most parents are able to minimise the impact their mental health has on their children, however, one in four people suffer with mental ill health (Dewi Cymru, 2023), therefore there is a likely scenario that one or two parents within a family will have a mental health disorder. Mental health disorders such as Bipolar Disorder, Manic Depression and Schizophrenia have characteristics of behaviour or psychology which clinically cause severe distress and affect every day functioning (Müller, 2020). Young children who experience and witness their parents' mental ill health are at risk of having their social, emotional, physical, and cognitive development affected from birth and leading into adulthood. Between 25-50% of children living with a parent with a mental disorder will experience some kind of psychological disorder throughout adolescent's and childhood, whilst in adulthood 10-14% will experience a type of psychotic episode (Langdon et al., 2021).

To understand the adverse developmental effects on a young child living with a parent with mental ill-health, it is important to acknowledge the theory of development for children both physically, socially and communication wise.

John Locke's (1632- 1704) theory of education suggests that babies are born Tabula Rasa, their minds are a blank space and through experience, knowledge and development occur (Androne, 2013). A great metaphor for acquiring information, comparing the mind to a blank piece of paper, acquiring knowledge to fill the paper

(Eddy, 2018). However, in a child's early years if most of its experiences are negative, the knowledge acquired will be a deficit to development.

Bandura, also argued 'the blank slate' theory, suggesting particularly that babies are born with a blank space and his experiments with young children concluded that when young children witness aggression, they become aggressive and when they witness positive behaviour, that, is the behaviour they will acquire (Tremblay et al., 1999).

Piaget (1896-1980) suggested that children develop through four stages from birth to adulthood, that they are born with innate capabilities (nature) which then interplay with their environment (nurture). A child is required to assimilate and accommodate at each stage before they pass to the next, learning and developing cognitively through each stage (Mcleod, 2024). However, critics of Piaget theory argue that child development is not something which can be set in stages and the child's environment has a crucial role to play. For example, an Eskimo or Inuit baby carried in a papoose or Chinese baby carried in the rice fields is not going to have the same learning experience at the same level as a baby from a Western culture. Similarly, a neglected baby left in their pram or cot will not have those crucial environmental or reciprocal experiences to complete Piaget's stages (Winstanley, 2022).

Bronfenbrenners (1917-2005) Ecological Systems Theory of human development denotes the interweaving influences of the micro, meso, and exosystems. The individual influences, and is influenced by, their different environments, starting firstly with the mother and baby, the microsystem, immediate environment, secondly, the extended family, the mesosystem, thirdly, the exosystem, the indirect environment such as playschool and finally, the macro system, the cultural and social environment with which the child is brought up in, including social and cultural values. For those studying the influences on a child's development over time and comparing different socioeconomical societies and the experiences a child may have which affect their development, Bronfenbrenners Ecological Systems Theory provides a solid foundation (Hayes, O'Toole and Halfpenny, 2017).

Finally, when discussing the impact of parental mental health on a young child, one of the most important theories to acknowledge is Bowlby's Attachment Theory. According to Attachment Theory, every newborn child is predisposed to form attachments with its main caregiver or caregivers (Van Rosmalon, Van Der Horst, and Van Der Veer, 2016). Having previously believed this was only because of the person who fed them, it is now known through research that attachment is something other, and the style of attachment a child develops is dependent on the type of care or reciprocity the child receives from their parent or main caregiver (Bat Or and Ishai, 2020). Young babies who form positive attachments with their main caregiver are able to thrive, develop positive social relationships, are able to self-regulate, have developmentally appropriate speech and language and know that when they are upset, hurt, hungry, or tired, their needs will be met. For children who are neglected, due to parental mental health, positive attachments are not always possible. Children may have attachment styles which are insecure, ambivalent or avoidant, however, a child who is ignored, neglected or rejected continually at times of distress, is less likely eventually to seek eye contact or believe that their care giver will help them. They will become self-reliant, withdrawn or develop difficult or different behaviours (Bosmans et al, 2022).

All the previous theorists indicate the need for positive role models and secure attachments in early childhood.

Not only do pregnant mothers suffering mental health disorders stand a greater risk of delivering prematurely but there is a higher risk of miscarriage during pregnancy and a lack of sensitivity towards their young child can lead to cognitive impairment, possible conduct disorders in early education and future psychological struggles predisposing the likelihood of the onset of a mental health disorder in early adulthood (Gajos and Beaver, 2017).

However, developing secure attachments and resilience in young children can be affected by adverse experiences such as parental mental health disorders through inconsistent predictability and lack of trust (Citak & Erten, 2021). A parent with a mental health disorder may inadvertently or deliberately cause psychological harm to their young child, who may then develop negative attachment disorders such as reactive attachment disorder (RAD) or disinhibited social engagement disorder (DSED). RAD being characterized by an inability to seek and accept comfort and a dysregulation in social relationships and emotions and DSED by an inability to respect social boundaries and the use of socially indiscriminate behaviours (Davidson, Moran and Minnis, 2022).

Additionally, there is a small window of time, generally thought to be under the age of two, when a child's internal working model, recognises responsive caregivers' expressions which embeds positive emotional development (Taylor et al, 2022). However, a mother who suffers with a severe mental health disorder is less likely to form a caring reciprocal relationship with their child and responding to their child's emotions and needs in a nurturing and supportive way is limited when a maternal parent is suffering from severe depression and their young child's socioemotional, language and cognitive development is impacted (Sharkins, Leger and Ernest, 2017).

Attachment disorders in young children are very difficult to diagnose, however clinicians are becoming increasingly aware of a specific difficulty in distinguishing between autism and attachment disorders due to symptom overlaps. Autism is a lifelong neurodevelopmental disorder characterized by deficits in social interaction and communication with rigid behaviours. With varying degrees of manifestations of symptoms, autism is noted as being a condition on a spectrum. However, attachment disorders and specifically RAD and DSED, although not definitive, are thought to derive from experiences of abuse and neglect, although being mindful to point out that a child can have an attachment disorder even in a positive, stimulating home environment when a parent is too overbearing (McKenzie and Dallos, 2017).

Davidson, Moran and Minnis (2022b) suggest that autism and attachment disorders such as RAD and DSED both fundamentally exhibit difficulties with social communication. However, if a child is in a clinical setting they may automatically show signs of atypical behaviour such as stress and clinginess alluding to an attachment disorder, where there may not be one. When making a clinical decision on whether a young child has autism, one cannot assume that there is not another reason behind their developmental delay, difficulties with social communication and repetitive behaviour's such as rocking, self-harm or seeking sensory experiences, as these can overlap both ASD, RAD and DSED (Biswas and Beardsworth, 2022). Additionally, when considering the cause of a young child's considerable difficulties with social interactions, rigid behaviours and cognitive impairment, their early life experiences such as their social learning conditions and adverse parenting occurrences like parental mental ill health, must be taken into account (Melling and Smethurst, 2017). The most common tool of use for clinicians when diagnosing attachment disorders is The Coventry Grid, an historical behavioural checklist which enables the clinician to differentiate between ASD and attachment disorders (Flackhill et al, 2017).

In families where children grow up with either one or two parents with a mental health disorder, maladaptive relationships can occur between parent and child. When the roles within the family become blurred and a parent becomes dependent on the child for emotional care, comfort, closeness and support, parentification takes place (Schorr and Goldner, 2023). When considering parentification, there are two types to be aware of, with sometimes a very difficult line to draw, adaptive parentification is a culturally acceptable type where a child is set age-appropriate chores and tasks, they are often delegated in the presence of siblings and deemed as fair and validated and can also be rewarded through praise or pocket money. However, destructive or pathological parentification has a more negative consequence and the child's psychological well-being is not considered when tasks are issued (Goldner, Sachar, and Abir, 2019). Pathological or destructive parentification by definition is the distortion of responsibilities where the child becomes the parent. When a child is parentified by a parent the generational differences are denied through the distortion of the parental role (Haxhe, 2016).

Children who are expected to adapt to responsibilities beyond their maturity lose their carefree childhood years and struggle to make friends due to their differences in time management and their inability to be spontaneous (Saha, 2016). When the responsibilities of the child exceed their capabilities and maturity, the parentification role can become harmful and traumatic for the child, who may have to cope with a parent suffering from depression, anxiety, and drug or alcohol misuse (Hendricks et al, 2021). Furthermore, parentification can take two different pathways, instrumental or emotional. Instrumental being the physical, tangible jobs required of the child, such as cleaning, cooking, shopping and physical care of the parent and the emotional support given when the child becomes the advisor, counsellor or friend to the parent. In all instances described, there can be a profound detrimental psychological, lifelong impact on the child (Chen and Panebianco, 2019). However, it is worth mentioning that when considering social care aspects of parentification, there are many cultures where the expected responsibilities in childhood differ from those in a western society and may be considered as typical for that culture (Ahmed and Zaman, 2018)

The Social Services and Well-being (Wales) Act 2014 states that a carer is any family member caring for their husband, partner, or child in an unpaid capacity, or, a child caring for their parent or sibling. A Young carer being classed as a child or young person who often takes on the main everyday caring role of their parent or sibling(s). Those between the ages of 18-25 are often depicted as Young adult carers (Welsh Government, 2021). In this instance, care is in relation to any family member who may have a disability, is physically or mentally ill, frail due to age, or misuses substances or alcohol (The Childrens Society, 2018).

There are, in Wales, approximately 30,000 under 25's who are unpaid carers (Huang et al., 2021). Of those, 8,200 are young unpaid carers, 1.8% of 5-17year olds (Office for National Statistics, 2021). Additionally, in 2019, the School Health Research Network (SHRN) for Wales reported from a student sample of 103, 971, a 73% response rate across Wales, that 13% of year 7-11 adolescents cared for one parent and 4% cared for more than one (Hewitt et al., 2019).

There is a higher chance that young children who care for a parent with a mental health disorder, will be less likely to achieve academically. They will not hand in homework, will miss school, be less likely to go into further education or University. They are more likely to be bullied and feel isolated (Dewi Cymru, 2023). As a young adult carer, they may also be trying to navigate the benefits system, negotiate difficult relationships, start a new job, whilst remaining optimistic and resilient (Welsh Government, 2023). The Welsh Government recognises the need for better collaboration between Local Education Authorities (LEA's), schools and young carer services, and some schools have allocated a young carer liaison officer so that children supporting a parent in a caring capacity can be signposted to supportive services through their educational years. They are also developing a charter which will provide a go to resource for carers of all ages to access support (Morgan, 2021), whilst the charity Barnardo's, in some areas of Wales, operates a service for respite for young carers, emotional support and educational support between the child's school and home whilst also providing opportunities to take a break from their caring responsibilities (Barnardo's, 2024).

With over a third of children in Wales on the Child Protection Register and those being age 0-4 years old and half of this figure being under the age of one, it is paramount that parental mental health issues are assessed, and interventions put in place at the earliest possible stage to prevent risks to babies and young children of abuse, neglect and the likelihood of another child becoming an unpaid carer (Condon et al, 2020).

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